

the forum

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Greenfield Community College

January, 1972

SPECIAL STUDENT HEALTH ISSUE

By GARY WALKER

Thirty-two per cent of GCC students are not covered by any type of medical insurance other than the \$2.50 plan required by the college. This would suggest that many students would have to pay the doctor and hospital fees out of their own pockets for most illnesses or go without medical aid.

On December 14th, members of The Forum staff distributed questionnaires to students at random in the main and west buildings. Our aim was to get a sampling of student opinion of

medical care. The computer center processed the responses to 167 questionnaires obtained at random from among the students.

Students in the age group of 18-20 years of age answers 61 per cent of the questionnaires. Twenty-nine per cent were 21-25 years old and ten per cent were over 25 years of age. Sixty per cent were male and 40 per cent were female. Forty-three per cent were new students and 57 per cent were returning students. Fifty-one per cent live at home with their parents

while the other 49 per cent do not. These figures represent a fairly well rounded sampling of the student population.

When asked to respond to the statement, "Doctor and hospital fees are too high," not one person questioned disagreed with the statement. Seventy-seven per cent agreed and 23 per cent partially agreed with the statement.

The next question inquired if it would be a financial burden to the student should he become seriously ill. Fifty-seven per cent agreed that it would be a

burden to them and twenty-eight per cent partially agreed. Fifteen per cent replied that it would not be a burden to them.

Approximately 60 per cent of the students questioned answered that they presently cannot afford the medical and dental care they need.

Acquiring the services of a doctor or a dentist when you need one can often be a problem, especially if you are new to an area. We included a question inquiring if this were a problem to our students and 25 per cent responded that it was.

When asked if medical care as a whole could be improved

in the community, 73 per cent agreed that it could be improved.

The concept of a nationalized medical service or socialized medicine is a current issue in our country today. Socialized medical care has been established in many western nations such as Canada and England. Our questionnaire asked if our students would like to see socialized medicine in this country. Seventy-three per cent of student responses were in favor of such a system, 17 per cent were opposed, and ten per cent declined to answer the question.

Student Health Needs

By MIKE AGUDA

The time has come for Greenfield Community College to take a long hard look at the health services that are available to the many students who don't have a comprehensive medical insurance coverage and also to the many students who seek medical attention but have great difficulty in receiving proper care.

The wheels of the bureaucratic machine have been placed in motion recently with the formulation of two important studies to determine the existing problems and to make some worthwhile proposals.

A combined student-faculty committee has been set-up by the student government and we hope that their findings will lead to responsible action. The FORUM staff has put together a special issue dealing specifically with the medical services problem.

There are many possible solutions that are both financially and socially acceptable. One widely discussed proposal is the formation of a medical referral committee which would refer students with specific problems to the appropriate agency for solution. Many medical problems, which have social overtones, should not be neglected.

At the present time, emergency night time service is practically impossible to receive and at best very expensive. Even though it is quite hard to believe, there have been cases where students, not native to Greenfield, have been unable to make appointments with local doctors because of their student status. This situation cannot be allowed to continue.

The college and the community must work together to insure that all students, regardless of ability to pay, have available to them adequate medical service at a reasonable price.

UMass Has Comprehensive Medical Facilities Program

By JIM STEVENS

The Health Services at the University of Massachusetts which is supported by the student health fee, includes medical care, out-patient clinic, in-patient clinic, mental health department, environmental health and safety, and a health education program.

Medical Care

Located in a well equipped infirmary is a staff trained to meet student health needs. The

staff includes doctors, nurses, pharmacists, physical therapists and technologists who are equipped to perform comprehensive care if needed.

Those who pay the \$70 a year health fee are entitled to receive any service offered by the health service department. An additional insurance plan for \$17 is offered to provide for medical and surgical care off campus. All those engaged in

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New Health Group Begins Work

By NATALIE JOY

The newly formed Health Services Advisory Committee has held its first meeting. Its purpose is to explore the possibilities of instituting some kind of health care program in the college.

Members of the committee are four students from student government; Mike O'Bryan, Georgine Paulin, Ken Songer, John Potter.

Representing faculty are Dean Keir, Brian Gilmore, Will Peters and Mrs. Marga Coler, and Jeff Doscher and Eleanor Goodman.

People in the community wishing to help are Doctor Robert Davies, a radiologist at Franklin County Hospital, Mrs. Margaret Craig, a nursing instructor at UMass and a member of the Pioneer Valley Health Planning Council and Merritt Low, M.D.

The first question introduced was what are the students' needs? This question was never really answered, because there were not the necessary data from the student body. Mike O'Bryan said that he and the other students on the committee are preparing a questionnaire asking the students what kind of insurance plan they have and what are their medical needs. This information will help them to form the most suitable program for the students.

Brian Gilmore brought up the possibilities of starting a self-insurance program in the school. There would be a written contract stating the number of doctor's office visits and amount allotted to medical care.

The possibility of hiring a nurse practitioner was discussed; she would be able to make a diagnosis and know what kind of medical attention the student needed. She would have to be backed up with a doctor or doctors to consult on cases needing a doctor's attention.

How does the school pay for such a program? The student activities fund could be raised for this purpose. It was mentioned that the student government had vetoed such a move at the

last meeting, but it could be introduced next year. Dean Keir said that GCC had requested for next year a health care counselor. This request must be approved by the Board of Higher Education.

Courses of action were decided. For next semester the committee wants to have a part-time nurse-practitioner. Brian Gilmore said that he would get in touch with UMass to see if we could borrow a nurse-practitioner for a couple of hours a week. The other things to be considered are: funding, facilities and medical back-up. The next meeting will be February 16 at 7:30 in the President's Conference Room.

Where Can You Go For Help?

By JUDY COSTIGAN

Suppose you woke up one morning and found yourself sick. Very sick. If you're living at home all you have to do is call your family doctor. But suppose you're sick because of mental stress caused by personal problems. Suppose you're sick because of drugs you've been taking. Or maybe you have venereal disease. Do you want to confide in your family doctor, the man who is a personal friend of your parents? For real privacy and independence you probably don't. You're living at home and need medical help, but not from your local doctor. Where can you go for help?

Suppose you're not living at home. You're a student living 100 miles from home — away from your regular doctor. You wake up sick. What can you do? You could call a local doctor, but the chances are he won't help. Why? Because he has plenty of regular patients whom he will take first. Even if an official from school refers you to him, the physician will still probably not give you an appointment. Instead, he'll tell

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SAF Increase Voted Down

At a Student Government meeting held on January 4, 1972, Mike O'Bryan made a motion to increase the student activities fee to \$35.00 a year. O'Bryan said we now have 1250 students with 1350 expected next year and argued that the student government needed more money to provide services. The President-Raubeson said that it has always been \$25.00 and made a point that he got hassled for using student government money for the Chicago trip.

Clubs feel left out if they don't have their budgets approved. Varsity sports will need more money too. Ken Songer, asked, "Should we use money for sports?"

Many students currently enrolled do not belong to any group funded by the fees. O'Bryan said the rising costs of services now provided, and the addition of new services, would require the increase.

Ken Creighton gave two reasons why the student activity fee has not been raised:

1. The student body does not want an increase.

2. Increased enrollment will bring fees proportionate to costs for increases in services.

After the discussion was closed a vote was taken on the motion. It was voted not to increase the present SAF by ten dollars; the vote was seven in favor eleven opposed.

Creighton Has Resigned

Ken Creighton has resigned as chairman of the student advisory committee to the Mass. Board of Regional Community College. As chairman, Creighton's duties were to bring student problems to the Board.

Creighton said his reason for resigning was because of the

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THE FORUM

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Greenfield Community College
For the Entire College Community

Lewis O. Turner, President

Arthur W. Shaw, Executive Editor

Mike Aguda, Student Editor

Financial Aid

This is the second in a series explaining the financial affairs of the College. One area of our activity that has often been overlooked by those not participating is the student financial aid program.

The financial aid program at the College is administered by Miss Margaret Campbell and is supported by funds from federal, state, college and private sources. Some breakdown on the number of students participating in the total amount of funds is interesting. Facts concerning the Fall Semester 1971:

The Federal programs are the most extensive:

Loan Funds	31 students	\$ 7,000
Work-Study	61 students	\$ 18,400
Grants	24 students	5,277

Some students participate in more than one fund. The total number of students assisted was 86 out of a total of 183 applicants.

Massachusetts State Scholarships:	12 students	1,200
Private Scholarships:	28 students	4,325
HELP Loans: Massachusetts	77 students	69,870
New Hampshire	3 students	3,000
New Jersey	2 students	2,000
Maine	2 students	2,000
Vermont	1 student	1,000

Emergency loans from a revolving fund provided by local contributions (\$50 limit for 30 days):

71 students 3,140

Law Enforcement Education Program—

Federal Grants to in-service personnel:

44 students 3,820

Student workers from miscellaneous local funds:

16 students 1,652

Total received by students in the form of grants, loans or employment: \$122,684

In addition, many students receive assistance under various other programs:

(1) Parents' Social Security programs	39 students
(2) Rehabilitation from Massachusetts, Vermont, Connecticut and the Veterans Administration	21 students
(3) The Work-Incentive Program	19 students
(4) Tuition Exempt Veterans	157 students
(5) Children of Veterans receiving assistance	36 students
(6) Veterans receiving educational benefits:	
In the Day Program	159 students
In the Evening Program	37 students

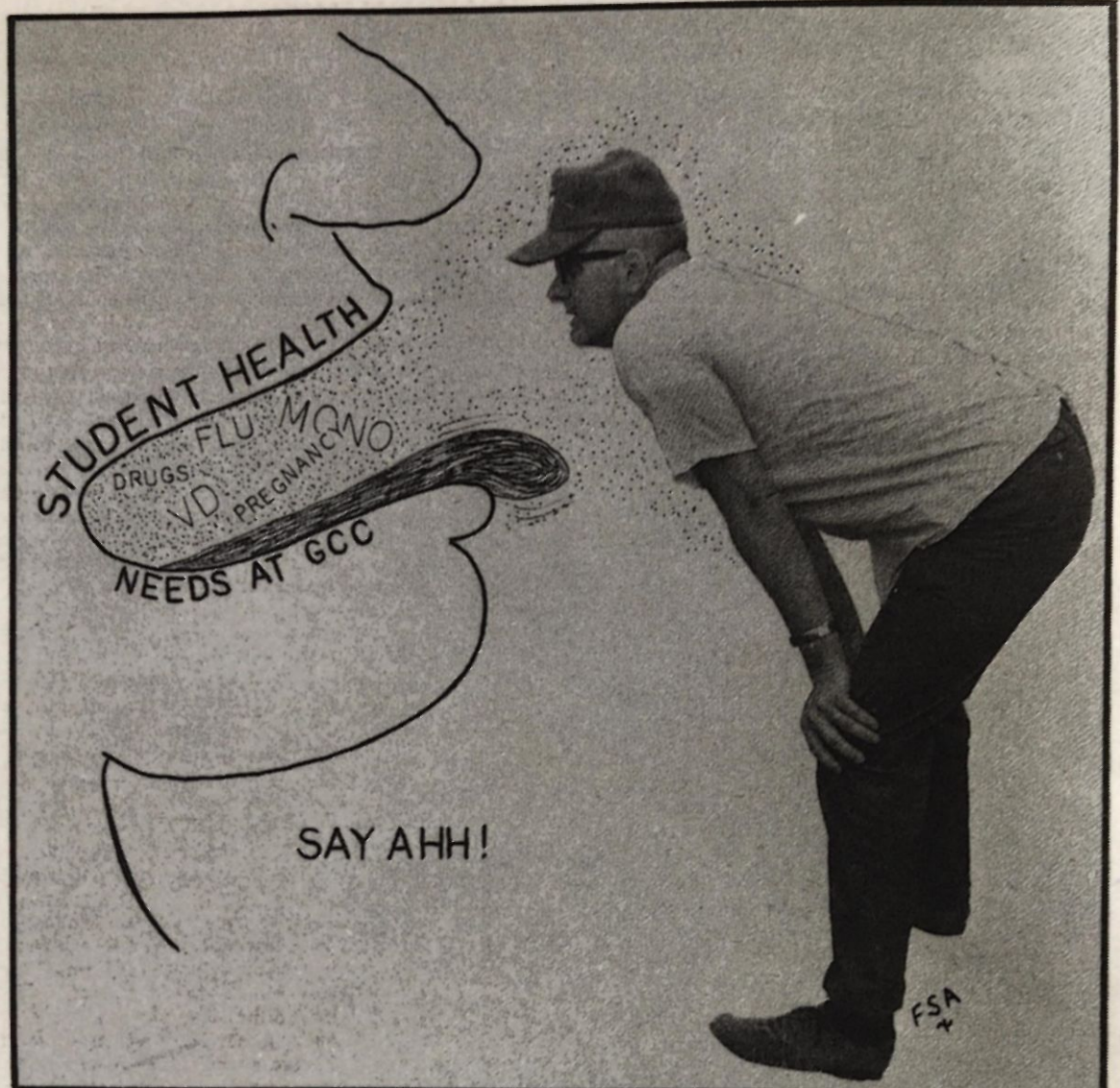
The extent of assistance being given to students is sizeable, including \$122,684 in financial aid with 810 number of students receiving assistance.

Since the state appropriates approximately \$1,200 per student and most students pay \$200 in tuition, or \$100 a semester, this could be considered also as additional support.

I feel sure that there are students who need financial assistance who are not receiving it and that there are many students who are quite able to pay more than is required. We should attempt to secure additional funds for financial aid from as many sources as possible, but primarily from private sources. Those students who have received grants or assistance from businesses and organizations are encouraged to send letters of appreciation to let people know that they do value their contributions and encourage them to continue to help needy students.

I think we can expect the federal government to continue support in this area. The Commonwealth of Massachusetts has done reasonably well but finds itself in a tight money situation and discussions are now taking place concerning increasing tuition; however, tuition is a subject for further discussion at a later date.

L. O. Turner



Ken's Korner

As we reach the close of one semester, a milestone roughly equivalent to half-time in our intellectual game plan and scholastic contest, it is time to assess our achievements and check the statistics.

Our student government, which in ages past has been notably concerned with such critical issues as bail funds, abortion loans, student activities fees and health services, is definitely on a new, and perhaps narrowly charted, course. One of the most heatedly debated issues at recent meetings has been the possibility of installing pinball machines in certain strategic areas of these hallowed halls of learning.

Maintaining, of course, my traditional position of neutrality, I will try to present both sides of this raging controversy and solicit your aid and guidance in finding a solution to this plague or pacifier — according to your point of view.

There are those among us who see pinball as a blight descending on our academic community, a diversion from our academic pursuits which we can ill afford in these latter days of enlightenment. These staunch academicians regard pinball machines as an abominable, raucous nuisance. They see them as iron monsters, symbols of technology encroaching on one of our few dwindling bastions of tranquility — the West Building Snack Bar. Is THE sanctity of this forum for budding bohemians, who come to gaze into their paper cups of "expresso" (and across the mounds of litter), to be broken by the hideous flashing, buzzing and chattering of pinball machines? They fear that the era in which they came to discuss in solemn earnest the weighty problems of the institution and the world is coming to an end.

On the opposite side of this dilemma are those of us who, after cramming our skulls with the various tidbits available at the banquet of knowledge, seek

release from life's tensions and frustrations in the electric fantasy world of pinball. Some, following some primeval instinct, see themselves as knights seeking to best the electronic dragon in symbolic combat. Others simply seek a necessary escape from the drudgery of their everyday existence into the exciting (though artificial) world of lights, buzzers and bells.

The student government has banned pinball machines from our Student Center. This was done for several reasons, all of which have merit:

A. The planned installation of a television, ping pong table, bumper pool and FM receiving equipment will create a din which will be considerable enough without the clangs, buzzes and beeps of a pinball machine.

B. The Center, because of physical limitations, can only handle so many kinds of entertainment; it is felt that pinball machines would conflict with many of the other activities scheduled for the Center.

There is, however, an alternate proposal which is worthy of consideration. The College Store has asked for permission to install on a trial basis two pinball machines in the Snack Bar. Proponents of this scheme have argued that the noise and confusion in this area could hardly be increased by the installation of these machines. This would allow the pinball wizards among us to enjoy their form of recreation without putting a burden on the more sophisticated members of our community.

Students seeking other forms of entertainment and enrichment could avail themselves of the facilities of the new Campus Center where they could pursue their interests unharmed by the infernal machines or the members of the pinball cult.

The student government has thus far maintained the firm policy of banning pinball from the campus. Perhaps it is time to look at this realistically. By

banning machines from the Campus Center but allowing them in the Snack Bar, perhaps the interests of most students can be served. By installing the machines on a trial basis, any problem arising from their installation could be remedied immediately by their expedient removal.

As you have probably gathered by now, the problems of running an institution are many and complex. We would gratefully welcome your help and advice in solving them. All opinions will be cheerfully accepted and should be addressed, placed in sealed envelopes and deposited in the large, green suggestion box by the rear door of the Main Campus. Mr. Carter has assured me that they shall receive immediate attention by his trained and experienced staff.

Next issue we'll attack the problem of access to our new Campus Center with special commentaries by Rod Raubeson and Al Lee, respectively, entitled "Slipping Down the Cobblestones" and "Who's That Walking Through My Classroom".

Until then... love,

Ken

P.S. President Nixon has been awarded a certificate of appreciation from the H.A.S.H. freaks for ending the dock strike.

Progressive Dinner

February 12
12 Noon to 12 Midnight

6:30 Smorgasbord & Dancing

At the Hatfield Barn

Tickets \$1.50
Student Activities Office &
Main Building

Help?--

(Continued From Page One)

you he'll "try to squeeze you in" when and if he gets the time. If you are a student miles from home, where can you go for medical help?

Even if you never get sick you still need preventative medicine. We all need occasional shots and check ups. At the same time, we all need information: about the affects of some medicines or drugs, about sexual problems, or maybe a referral to a good dentist or psychiatrist. Where can you get this help?

Whether you live at home or away from home and whether you're occasionally sick or never sick doesn't matter; all students do need some type of health service provided at school.

What kind of medical help is available at this college right now? For mental health care, there is a college counselling center. The staff meets weekly with psychiatric consultant. Occasionally this psychiatrist talks with a troubled student, but if he knows the student requires more than one session he suggests another specialist. The psychiatrist only works part-time for the college.

As far as regular health services go, there are none. You want medical information? Your only source is the library. You're new in town and would like to find a good dentist? You're only help is the yellow pages and hearsay from other students.

What kind of help could be available? This is the question Dean Kier and the college's Health Advisory Committee are working on. Dean Kier and two delegates from the committee, Georgine Paulin and Mike O'Brien, attended the annual meeting of the New England College Health Association at the University on December 3.

Throughout the day students health service directors from area colleges spoke about their school's health programs, their organization and problems encountered. The day began with Dr. Robert Gage from the University. His topic was developing a comprehensive health program. Particular attention was given to the use of community resources and student involvement in planning and evaluating health programs.

Next, Irene Campo, a nurse who heads the health program at Broome Technical Community College in New York, spoke about the role of the nurse-director and student health care on and off campus.

The last speaker for the day was Jane Zapka, also from the University of Massachusetts health service. Mrs. Zapka discussed student involvement with the school's health program and how the various departments and agencies within the community can be coordinated to help.

After lunch there were several workshops. These were, primarily, further discussions, explanations, demonstrations of the ideas presented that morning.

In the evening there was a health fair consisting of eight booths for each of the eight was an exhibit on some aspect of health services. Literature and expert advice were available on student supplemental insurance, mental health, nurse practitioners, environmental health, the drop-in center at the University, peer sex education, student advisory boards, and venereal disease. Many of the directors at the meeting offered to help Greenfield Community College get a health program started.

The Franklin County Hospital, Greenfield, Massachusetts

By EDWARD B. HANIFY
Asst. Dir. Franklin County
Public Hospital

The most important person in the health care delivery system is the physician. For this reason, we urge all citizens to establish contact with a private physician. We often see individuals postpone contacting a private physician until an episode of illness and then further postpone seeking care until the problem becomes acute or sufficiently annoying to require positive action.

While, from time to time, physicians must close their private practice to accepting new patients because of the demands placed upon them by their present practice, there has never been a time in the history of this community when some physicians were not accepting new patients.

Because we continue to receive requests regarding physicians who are accepting new patients, we plan to survey the medical staff in this regard. The results of this survey will be made available after February first to individuals having difficulty finding a private physician.

The use of our emergency room as an alternative to obtaining a private physician is not recommended for several reasons. First, it is inappropriate use of facilities and staff specifically functioning to provide care in emergency situations. Secondly, since the most common emergency room charge is \$20.50, this alternative is considerably more expensive than an office visit to a private physician. Thirdly, by definition, emergency care is neither comprehensive nor does it provide necessary continuity important in the treatment of illness and the maintenance of health. Unless a student is enrolled in an industrial or school health plan, by far the best way to meet health needs is to obtain a private physician.

Our hospital policy insures that no one will ever be denied care for reason of inability to pay. Once care is rendered we are obliged to pursue every possible means in collection of monies owed. The logic of this should be clear, for without

income we would be forced to close due to financial hardship. In all cases where there is valid financial hardship it is not important that payment be made in full but that the individual make an arrangement for payment as he is able and then fulfill that commitment.

Because many family insurance policies provide coverage for dependents 18, 19, and in some cases up to age 21, bills are normally sent to parents. However, if a student specifically requests to receive the bill, the parents would not be billed unless payment is not made.

Regarding our relationship with parents, it should be noted that except for certain cases we and the attending physician are required by law to attempt to contact the parents prior to the provision of care or treatment. The most notable exception to this rule concerns the drug dependent patient. In these cases, it is not necessary for us to obtain parental consent. However, until June 1, 1972, we are required by present Massachusetts law to report these cases to the Food and Drug Division of the Massachusetts Department of Public Health. On June 1, 1972, a new law will become effective which eliminates the requirement for us to report these cases. We are pleased to see this law enacted because it will eliminate a major barrier in the provision of medical care to patients with drug abuse problems.

Another area which occasions frequent misunderstanding is the diagnosis and treatment of suspected venereal disease. This is definitely not an appropriate emergency room procedure because both the diagnosis and treatment of common venereal diseases require a series of tests and treatments to effect a complete cure. Subject to medical society action, a venereal disease clinic may be developed in this area. However, until such a time as this occurs, the nearest resources, apart from one's private physician, are the free clinics supported by the Massachusetts Department of Public Health located at Pittsfield General Hospital, the Springfield Hospital and Worcester City Hospital.

when you consider that taxpayers are now paying over \$1,200 a year per student; often this money is totally wasted because the student is not mentally and physically fit to use the school's facilities.

There is just no way to get around it: Greenfield Community College needs a health services program. Our new campus will be equipped with a health service suite. It will include two sick rooms, an examining room, and a waiting room. Will it all be a waste? The suite will be ready. Will our program be?

Creighton--

(Continued From Page One)

excessive administrative paperwork. He intends to stay on the board as a member. Because of personal priorities but did not want to be tied down with administrative duties.

While chairman, Creighton made headway in health service problems by making the Board realize that there was a problem. When he resigned, he was working on a plan to evaluate faculty members.

Health Services At State Level

By KEN CREIGHTON

The cry for student health services has now permeated all levels of our community college system. Students, faculty and presidents have become concerned. Now even the M.B.R.C.C. (Board of Trustees), with whom the ultimate decision will probably rest, are becoming concerned and involved. This writer, a former student trustee, introduced a plan calling for the institution of a health services program at all community colleges last November.

Although this particular plan was rejected, the Board did express interest and genuine concern for students, who while attending school, cannot afford the expense of proper medical care and counseling.

The Board will probably prove most receptive to such programs providing the necessary funding can be secured. Several Board members have expressed privately, the feeling that the State should pick up the tab for these services but have been pessimistic about convincing the House Ways and Means Committee of this responsibility.

It seems likely to this observer that a statewide health services program for community colleges will be approved by the Board within the next two years. They have already been convinced of the merit of such a program. The only obstacles remaining are funding, and design of specific programs to fit the needs of individual schools. In the first area, funding, there are three possible methods for obtaining the necessary money: Student Activities Fee: The health services program now in existence at Cape Cod Community College is financed in this manner.

2. Increased Tuition: The plan proposed by this writer called for a \$25 increase in tuition per semester with 50% going for health services and 50% for financial aid to disadvantaged students. The plan was rejected because the Board felt that students should not be forced to bear the direct financial burden of these programs and the state, having collected these additional funds, cannot be relied upon to turn them back to the respective schools.

3. State Funding: The possibility of getting state funds rests with convincing the House Ways and Means Committee of the relative worth of the program and the political advantage of making the appropriation.

The second obstacle, design, is now being surmounted. The Cape Cod facility provides us with a working model; several other plans are now under development. If the talents and energies of all those who have expressed interest and concern in this area are put to use, health services can and will become a reality.

Girls' Record: 2 Out Of 3

By MARY MARYNISKI

The Greenfield Community College Girls' Basketball team is off to a good start this season, having won 2 out of 3 games played. Of the 5 games scheduled 2 were canceled, one with Mt. Wachusett, and the other with No. Adams, canceled on account of the weather. In the first game with Berkshire Community College, everyone on the team scored points. The second victory was over Holyoke.

So far it looks as if Claire Wittenburg is the most promising player, having

UMass--

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athletic programs have to subscribe to the extra insurance plan.

Most medications prescribed by the health services are provided at no cost. X-ray, lab studies, and physical therapy are available at no cost.

Out-Patient Clinic

This clinic is open weekdays from 8 a.m. to 5 p.m. and Saturdays from 8 a.m. to 11:30 a.m. (urgent problems only). Emergency care is provided around the clock.

There is a nurse-practitioner clinic which is conducted by registered nurses to handle minor problems and avoid waiting-for-the-doctor time. Also available is a cold self-treatment center where medication and instructions are available for treating minor respiratory infections. Medications such as aspirins, cough medicine, cold tablets are available.

In-Patient Clinic

The health center includes a hospital providing bed care for serious illnesses. By going to this hospital rather than going to one back home the student minimizes lost school work. By staying on campus he is available to books and lecture notes. The hospital is a 60 bed facility that can provide care comparable to a small community.

Family Planning Clinic

The family planning program provides information and services for birth control. This includes counseling, physicals and prescriptions. The information is in the form of lectures and movies shown in dormitories.

Mental Health Department

The mental health service offers short term psychotherapy. It is staffed by psychiatrists, psychologists, and social workers. Students can make their own appointments or be referred by a physician if he believes a health problem is of psychological origin.

Environmental Health and Safety

This service is engaged in making sure that a safe and healthful environment is maintained for all who live and work on campus. Food service, housing, radiation use, building and traffic safety; and fire control are major areas of activity.

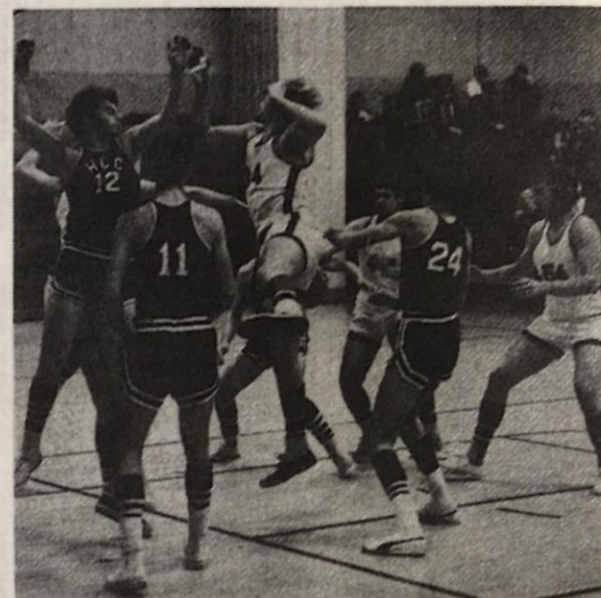
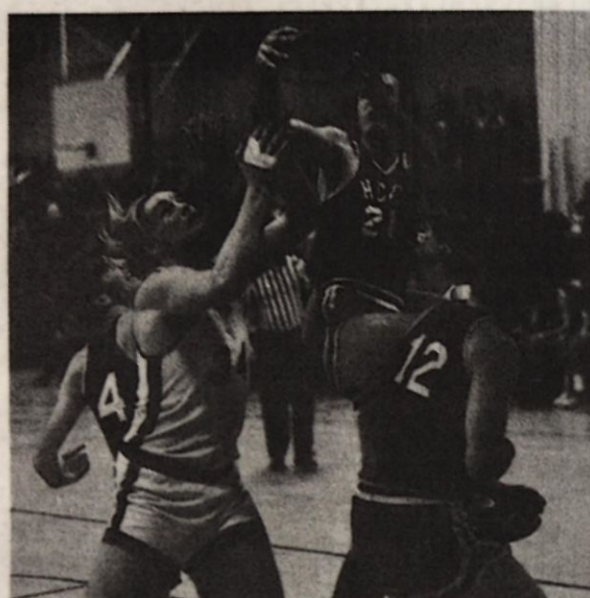
Health Education

The health education program is centered in the residence halls. Dormitory talks, informal discussions, student evaluations, peer sex education programs, and Room to Move — the drug drop-in center are the major areas of concern for this department.

scored the most points for the team.

There are some problems, however, concerning the team as a whole. They seem to be having trouble getting together on practices. Coach Madge Slocum feels they would do much better if they could get together a little more to "work out a few wrinkles". Not as many girls showed up for the team this year as she would have liked. There are nine girls on the team, making it difficult to even have a scrimmage. There is presently a six week lay-off between games, the next one being on February 12.

BASKETBALL AS BALLET



The Red Barons



The Red Baronesses



The Red Baronets



**Red Barons' Standing:
Won 2, Lost 4**

**Scoring Leaders: Pete Monace — 203
Jim Kaczinski — 173**